

Community & Economic Development Department
Neighborhood Development Division
425 East State Street, Rockford, IL 61104
Phone: (815) 987-5600 Fax: (815) 967-6933 TDD (815) 987-5718
Web Site: rockfordil.gov

Select Program: ☐ American Dream Downpayment Initiative (ADDI)
☐ Neighborhood Stabilization Home Buyer Program

Applicant: _____ Marital Status: ☐ Married ☐ Single
☐ Separated ☐ Divorced

Birthdate: _____ SS# _____ Phone: _____

Address: _____ City/Zip: _____

Co-Applicant: _____ Marital Status: ☐ Married ☐ Single
☐ Separated ☐ Divorced

Birthdate: _____ SS# _____ Phone: _____

Address: _____

City/Zip: _____

Have you or your co-applicant owned a home in the last 3 yrs? ☐ Yes ☐ No

Applicant's Employer: _____

Department: _____

Phone:_____Ext#_____ Start Date:_____Hrly rate:_____Hrs Worked:_____

Address: _____ City/Zip: _____

Position: _____ Years in this line of work: _____

Co-Applicant's Employer: _____

Department: _____

Phone: _____ Ext# _____ Start Date: _____ Hrly rate: _____

Address: _____ City/Zip: _____

Position: _____ Years in this line of work: _____

Other Monthly Income (i.e. social security, pension, child support, part-time job, etc.)

\$ _____ Source: _____

\$_____ Source: _____

\$_____ Source: _____

**Please complete the reverse side of this application before submission to the
City of Rockford Community Development Department.**

• Number of other people that will be living with you: _____ Their income: _____

• How did you hear about our programs? _____

Do you currently have any of the following?

Checking Account: ☐ Yes ☐ No Balance: \$ _____

Savings Account: ☐ Yes ☐ No Balance: \$ _____

Investments: ☐ Yes ☐ No Balance: \$ _____

Other: Balance: \$ _____

Other: Balance: \$ _____

Other: Balance: \$ _____

Other: Balance: \$ _____

FOR OFFICE USE ONLY

4/09

Initials: _____

The information on this application is given for the purposes of receiving credit and you authorize the obtaining of the information concerning any statements made herein. The information you provided on this application may be disseminated to other Departments within the City of Rockford to determine your possible eligibility for participation in other programs offered by the City of Rockford. Information provided in this preliminary application shall be used as the basis for determining eligibility for inclusion in the homebuyer program as defined by Federal law and local policies. Completion of the application does not guarantee inclusion in the program.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

CO-APPLICANT'S SIGNATURE: _____ **DATE:** _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER

Ethnicity

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race

☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ White
☐ Native Hawaiian or other Pacific Islander

SEX

☐ Female ☐ Male

☐ I do not wish to furnish this information

CO-BORROWER

Ethnicity

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race

☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ White
☐ Native Hawaiian or other Pacific Islander

SEX

☐ Female ☐ Male

☐ I do not wish to furnish this information